Characterizing the Accessibility of Sialendoscopy Providers in the United States

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ABSTRACT

- Sialendoscopy is a minimally invasive treatment for salivary disease, but provider availability is inconsistent and not easily identified by patients or referring providers.
- A cross-sectional review of otolaryngology practice websites was performed; provider demographics, training, and geographical location were analyzed
- 274 providers identified; 21% female, 51% community vs 49% academic, and 56% fellowship-trained (33% trained Head and Neck Oncology).
- 99 providers confirmed by direct practice contact or AAO Salivary Committee. 175 providers unverified due to limited or conflicting information from practices.
- This study reveals regional disparities in the distribution of sialendoscopy providers that reflect overall care gaps in Otolaryngology.
- Reliance on online, publicly available data is a major limitation of the study and reveals the challenge patients and referring providers are faced with to identify and locate sialendoscopy providers

INTRODUCTION

- Sialendoscopy allows direct visualization and intervention in the salivary ducts, providing a gland-preserving alternative to traditional open surgery.
- Compared to sialadenectomy, sialendoscopy is associated with lower complication rates, decreased need for gland removal, faster recovery, and can sometimes be performed under local anesthesia for even lower risk.
- The procedure is most often used for chronic sialadenitis, sialolithiasis, and ductal stenosis, and it is now considered a first-line treatment for benign obstructive salivary gland disorders.
- Despite its safety and effectiveness, access remains limited due to uneven distribution of trained providers, geographic disparities, and lack of specialized equipment. Patients and referring providers frequently struggle to locate practices offering this service.
- This study characterizes the demographics and distribution of sialendoscopy providers in the U.S. and evaluates the accuracy of online information, highlighting barriers to access and opportunities to improve patient and provider awareness.

METHODS AND MATERIALS

- Study design: Cross-sectional analysis of publicly available online data; IRB review not required
- Data extraction: Cities identified from STORZ scope purchase list. ChatGPT used to search provider websites for “sialendoscopy” or related terms.
- Inclusion criteria: Websites listing sialendoscopy or minimally invasive salivary procedures; counted whether attributed to a provider or not.
- Verification: Cross-referenced with AAO-HNS Salivary Committee list; phone calls made to confirm a sample of practices.
- Data Analysis: Collected provider/practice information (location, type, training, sex). Organized geographic data by U.S. Census regions. Descriptive statistics performed.

RESULTS (I)

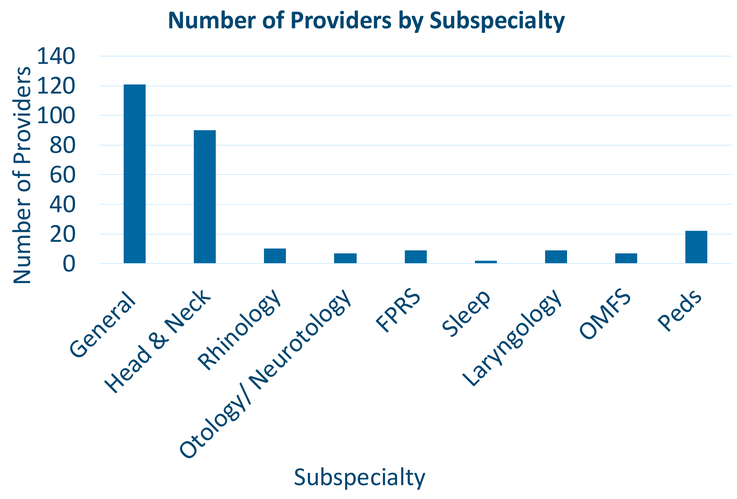

Table 1. Sialendoscopy providers categorized by number in each subspecialty.

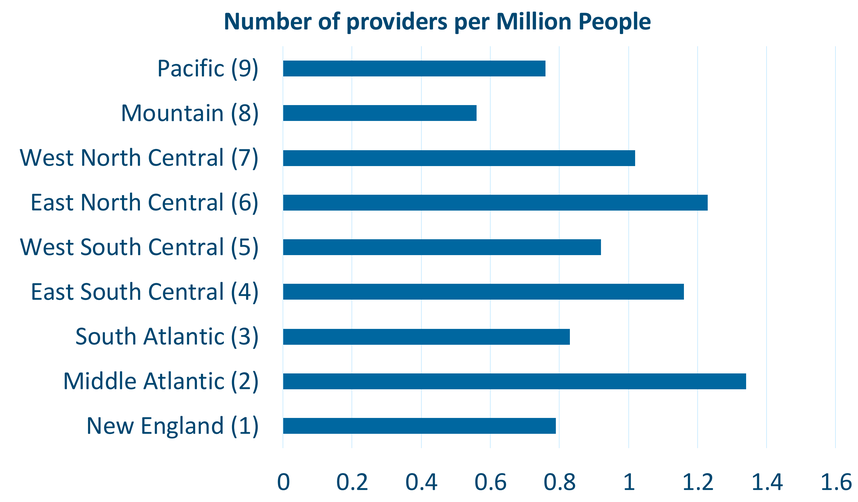

Table 2. Number of sialendoscopy providers per 1 million people for each region.

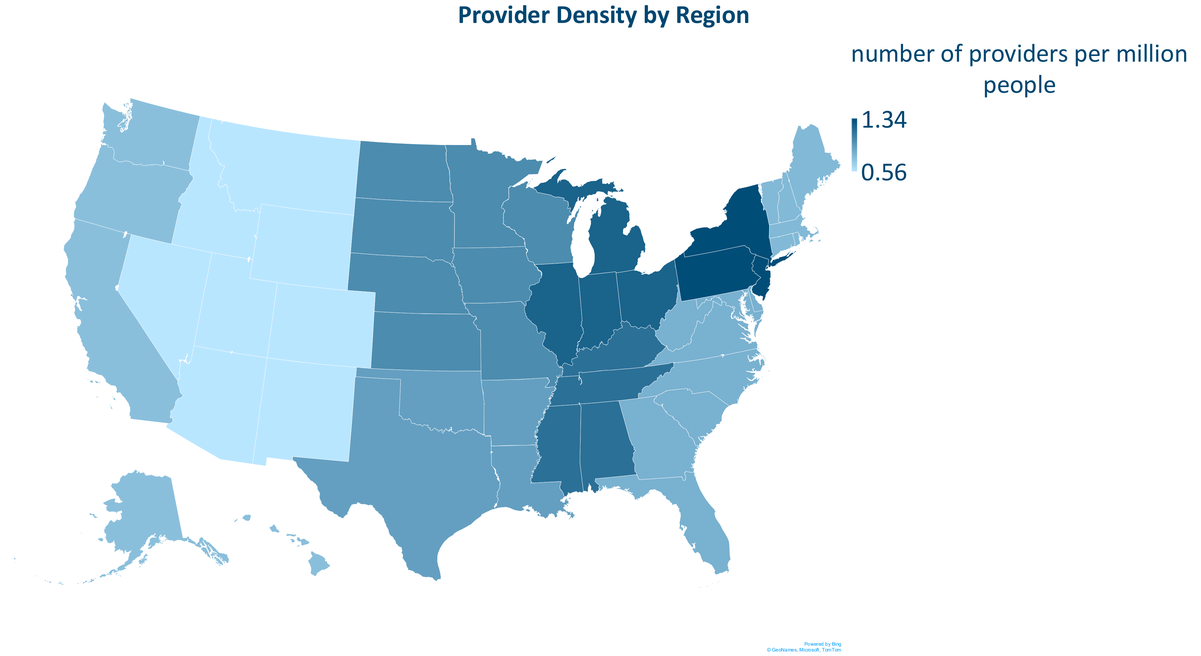

Table 3. Heat map of sialendoscopy providers for each region of the United States.

RESULTS (II)

- Providers identified
  - 274 individual sialendoscopy providers
  - 40 additional practices offering sialendoscopy (no provider listed)
- Demographics and Training
  - 79.2% male
  - Practice setting: 51% community, 49% academic
  - 56% fellowship trained, 44% comprehensive
  - Most common fellowship: Head and Neck Oncology (33%); 7 providers (2.9%) trained in Oral & Maxillofacial Surgery
- Geographic Distribution
  - Highest density: Middle Atlantic (1.32 providers per 1 million)
  - Next highest: East North Central (1.22 providers per 1 million)
  - Lowest density: Mountain region (0.56 providers per 1 million)
- Verification
  - 99 providers confirmed via AAO Salivary Committee or direct contact
  - 175 providers unconfirmed (unable to reach, unclear information, or denial)

CONCLUSIONS & Future Directions

- Sialendoscopy providers are evenly distributed between academic and community settings, with a concentration of fellowship training in Head and Neck Oncology.
- Gender disparities persist, which reflect the overall gender gap in otolaryngology.
- There are geographic disparities, with fewer providers in the Mountain Region.
- Inability to corroborate information collected from websites with practices presents a limitation to the study and highlights challenge patients face when seeking information on salivary services.
- More studies are needed to analyze practice setting and specific location

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